

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ **FILING DATE** _____

APPLICANT(S)

10/048209

12-92-04 CLAIMS

AS FILED	AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.						
1					7					
2					11					
3					11					
4					11					
5					11					
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97					11					
98					11					
99					11					
100					11					
TOTAL IND.					11					
TOTAL DEP.					11					
TOTAL CLAIMS					11					

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE